| Revision:   | HCFA-AT-82-29<br>December 1982            | (BPP)    |       | OMB No.: 0938-0193   |
|---|---|----------|-------|--|
|   | State/Territory                           | :        | OKLA  | .HOMA .  |
| Citation 4.17 42 CFR 433.36(c) AT-78-90 47 FR 43644 |   | 7 Lien   | s and | Recoveries   |
|   |   | Lien     |       | imposed against an individual's  |
|   |   |          | No.   |  |
|   |   | <u>x</u> | Yes.  |  |
|   | an s                                      |          | (a)   | Liens are imposed against an individual's property before his or her death because of Medicaid claims paid or to be paid on behalf of that individual following a court judgement which determined that benefits were incorrectly paid for that individual in accordance with 42 CFR 433.36(g)(1). |
| •   |   |          |       | Item (a) is not applicable. No such lien is imposed.   |
|   |   |          |       | <pre>Item (a) applies only to an individual's real property;</pre>   |
|   |   |          |       | <pre>Item (a) applies only to an individual's personal property; or</pre>  |
|   |   |          |       | X Item (a) applies to both an individual's real and personal property.   |
|   |   |          | (b)   | Liens are placed against the real property of an individual before his or her death because of Medicaid claims paid or to be paid for that individual in accordance with 42 CFR 433.36(g)(2).  |
|   | 10 1                                      |          |       | Item (b) is not applicable. No such lien is imposed.   |
| STATE  DATE REC'D  DATE APPV'D  DATE EFF  HCFA 179  | VASMA<br>10-12-94<br>11-04-94<br>02-01-94 | Z A      |       |  |
| TN No.  | 94-31                                     |          |       | Revised 07-01-94   |
| Supersedes TN No.                                   | 83-01 Appro                               | oval Da  | te _/ | /4/94 Effective Date 01/1/94   |

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OKLAHOMA

## Citation

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- (c) Adjustments or recoveries for Medicaid claims 4.17 correctly paid are imposed only in accordance with 42 CFR 433.36(h).
  - (d) No money payments under another program are reduced as a means of recovering Medicaid claims incorrectly paid.

## (e) ATTACHMENT 4.17-A --

- Specifies the process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the process meets the requirements of 42 CFR 433.36(d).
- (2) Defines the terms specified in 42 CFR 433.36(e).
- Specifies the criteria by which a son or daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).

Revised 07-01-94 TN No. Approval Date /// Effective Date Supersedes TN No.